

**IDAHO DEPARTMENT OF PARKS AND RECREATION**

**P-CARD CARDHOLDER APPLICATION FORM**

**1. Type of Request**      ☐ New      ☐ Change

**2. Card Information**

Name on the Card:    **X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
   First Name                      Middle Initial                      Last Name

**X** \_\_\_\_\_  
Last 4 digits of Social Security Number (Required)

**Y** \_\_\_\_\_  
Monthly Credit Limit (Required)

**Y** \_\_\_\_\_  
Single Transaction Limit (Required)

**Y** Cash Advance:      ☐ Yes      ☐ No

**3. Authorization**

Employee Signature:      **X** \_\_\_\_\_ Date: **X** \_\_\_\_\_

Program Manager Signature: **Y** \_\_\_\_\_ Date: **Y** \_\_\_\_\_

**“X”** = Cardholder Completes

**“Y”** = Program Manager Completes